

Name  
in  
Full

Arula Bowers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Bethelton Town Hent County MARYLAND

Date of death 1909 Oct Month 3 Day Age — Years 3 Months 14 Days

Sex Female Color or Race Black Birth-place Hent Co Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name James Bowers Father's Birthplace Hent Co Md

Mother's Maiden Name Hallie Morris Mother's Birthplace Hent Co Md.

Name of person giving Information Richard Severy How related to deceased none

CAUSES OF DEATH

8

PHYSICIAN  
OR CORNER

Primary Whooping Cough. How long Unknown

Immediate Convulsions How long Unknown

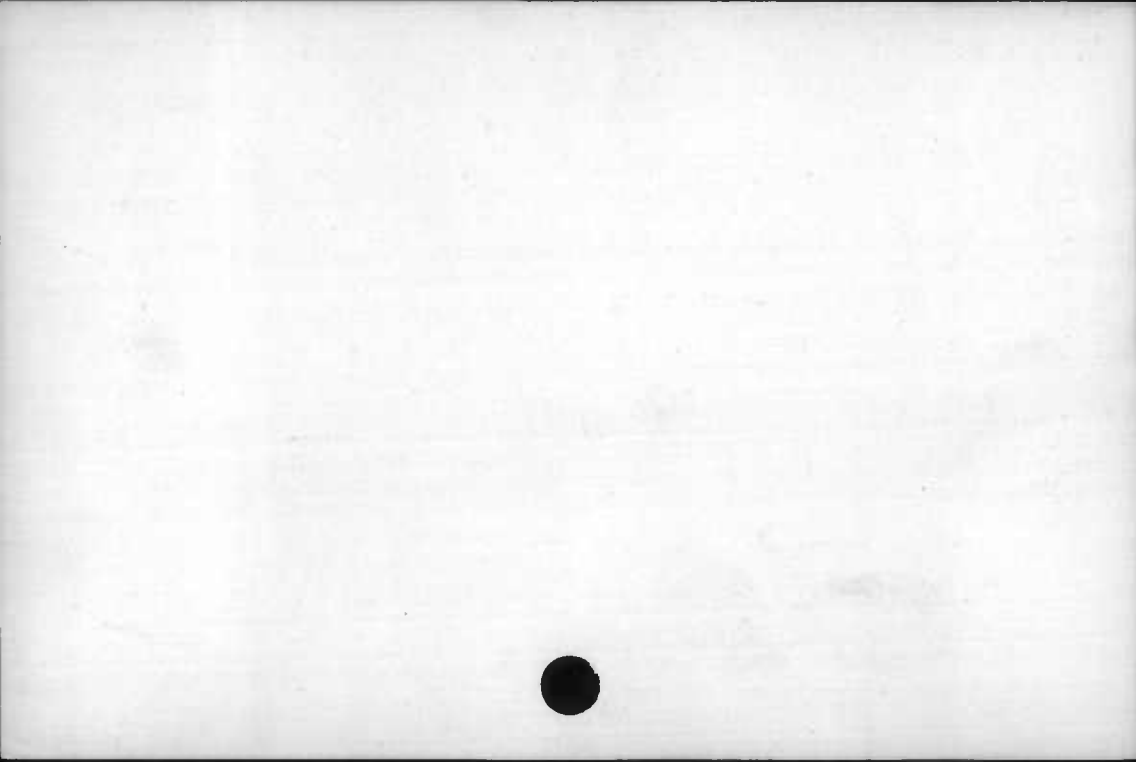
Are the name, age, sex, color, data and place correctly given above? yes Signature of Physician L. P. Howell M.D.

Address Still Pond Md.

Accident or Suicide



Name in Full		Gurgiana Biscor.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Galena		County Kent		MARYLAND	
	Date of death	1909	Month Oct.	Day 16	Age —	Years —	Months 11
	Sex	Female		Color or Race	Black		Birth-place
	Occupation	None		Where Residing if not at place of death		—	
	Married, Single or Widowed	Single		Name of Wife or Husband		—	
	Father's Name	Lafayette Biscor				Father's Birthplace	Galena Md.
	Mother's Maiden Name	Margaret Anderson				Mother's Birthplace	Galena Md.
Name of person giving information	Lafayette Biscor				How related to deceased	Father	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;"> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">8</div> </div>							
PHYSICIAN OR CORONER	Primary	Pertussis				How long	2 weeks
	Immediate	Exhaustion				How long	2 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Geo. R. Jones M.D.	
					Address	Galena, Md.	
<div style="text-align: center;">Accident or Suicide?</div>							



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Samuel A. Cooper*

Town *Bellevue* County *Montgomery*

Died at *Bellevue* MARYLAND

Date of death 1909 Month *Oct* Day *17* Age *80* Months *2* Days *17*

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Salesman* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *Elizabeth Gardner*

Father's Name *Joshua Cooper* Father's Birthplace *Ind*

Mother's Maiden Name *Molly Minton Perkins* Mother's Birthplace *Ind*

Name of person giving Information *W B Cooper* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Cancer of Liver* How long *about 8 mo.*

Immediate *Exhaustion* How long *3 or 4 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. J. Simpson*

Address *Bellevue*

Accident or Suicide *No*



Name  
in  
Full

Thomas Gale

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chester town</i>		County <i>Kent</i>		MARYLAND	
Date of death	1909	Month <i>Oct</i>	Day <i>21</i>	Age <i>69</i>	Months <i>09</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Kent Co.</i>		
Occupation <i>farmer</i>	Where Residing if not at place of death <i>Chester town md</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Rachel Gale</i>				
Father's Name <i>John Gale</i>	Father's Birthplace <i>Kent Co</i>				
Mother's Maiden Name <i>Lionora Sutton</i>	Mother's Birthplace <i>Kent Co</i>				
Name of person giving Information <i>Lea Willis</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

39

PHYSICIAN  
OR CORONER

Primary	<i>End of the tongue in maxillary space</i>		How long <i>1 year</i>
Immediate	<i>Hemorrhage. Shock</i>		How long <i>Few hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Frank B. Hines</i>	
		Address <i>Chester town</i>	
Accident or Suicide	<i>no</i>		<i>md</i>

Chas L Dodd

Chester County



Name  
in  
Full

Still Born Infant Hackett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at near Lynch Town Month Day 24 Age — Years Months Days

MARYLAND

Date of death 1909 Oct 24

Sex — Color or Race Black Birth-place Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Trueson Hackett. Father's Birthplace Md.

Mother's Maiden Name Clara Gibbs Mother's Birthplace Md

Names of person giving Information Daniel Potts How related to deceased Uncle.

CAUSES OF DEATH

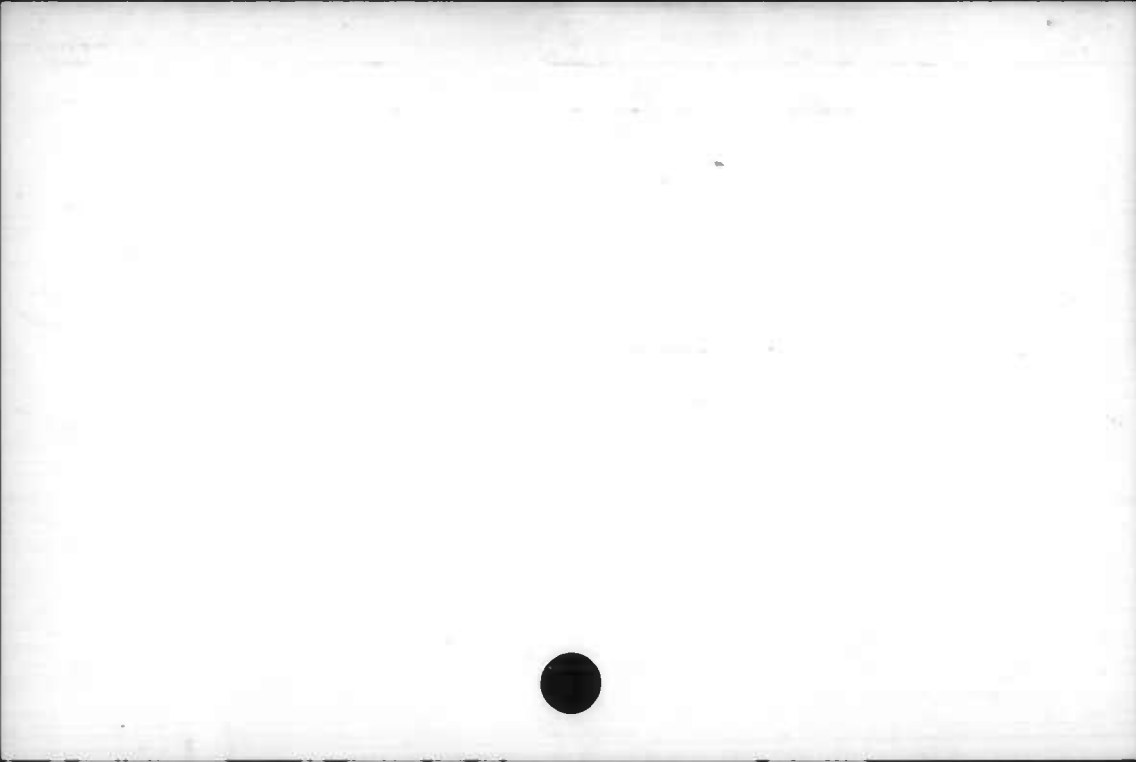
Primary Still Born. How long —

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician L. P. Atwell M.D.

Address — Still Pond, Md. Accident or Suicide —

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mrs. Mary A Hall  
Town *Eastport* County *Kent*  
Died at  
Date of death 1909 Oct, 11 Age 78.  
Sex *Female* Color or Race *White* Birth-place *Kent. Co Md.*  
Occupation *None* Where Residing if not at place of death  
Married, Single or Widowed *Widowed* Name of Wife or Husband *John Hall*  
Father's Name *George Griffin* Father's Birthplace *Kent Co Md.*  
Mother's Maiden Name *Mary Rhoades* Mother's Birthplace *Kent Co Md.*  
Name of person giving Information *John Hall* How related to deceased *Son*  
CAUSES OF DEATH **(65)** ✓

PHYSICIAN  
OR CORONER

Primary *Stroke Brain* How long *4 yrs.*  
Immediate *Exhaustion* How long *2 months*  
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Dr. W. C. Hubbard*  
Address *Eastport Md.*  
Accident or Suicide *Accident*



Name

In Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDName *Helin Hamilton*

Town

*Locust Grove*

County

*Kent*

MARYLAND

Died at

Date

of death

*1909*

Month

*Oct.*

Day

*30*

Age

Years

*19*

Months

Days

Sex

*Female*

Color or Race

*Black*

Birth-place

*Kent Co. Md.*

Occupation

*House-work.*

Where Residing if not at place of death

Married, Single or Widowed

*Single*

Name of Wife or Husband

Father's Name

*John Hamilton*

Father's Birthplace

*Virginia.*

Mother's Maiden Name

*Lydia Massey*

Mother's Birthplace

*Maryland*

Name of person giving information

*Henry Tilghman*

How related to deceased

*Half Brother.*

## CAUSES OF DEATH

**27**PHYSICIAN  
OR CORONER

Primary

*Pulmonary Tuberculosis.*

How long

*Indefinite.*

Immediate

*Pulmonary Hemorrhage*

How long

*2 hours.*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

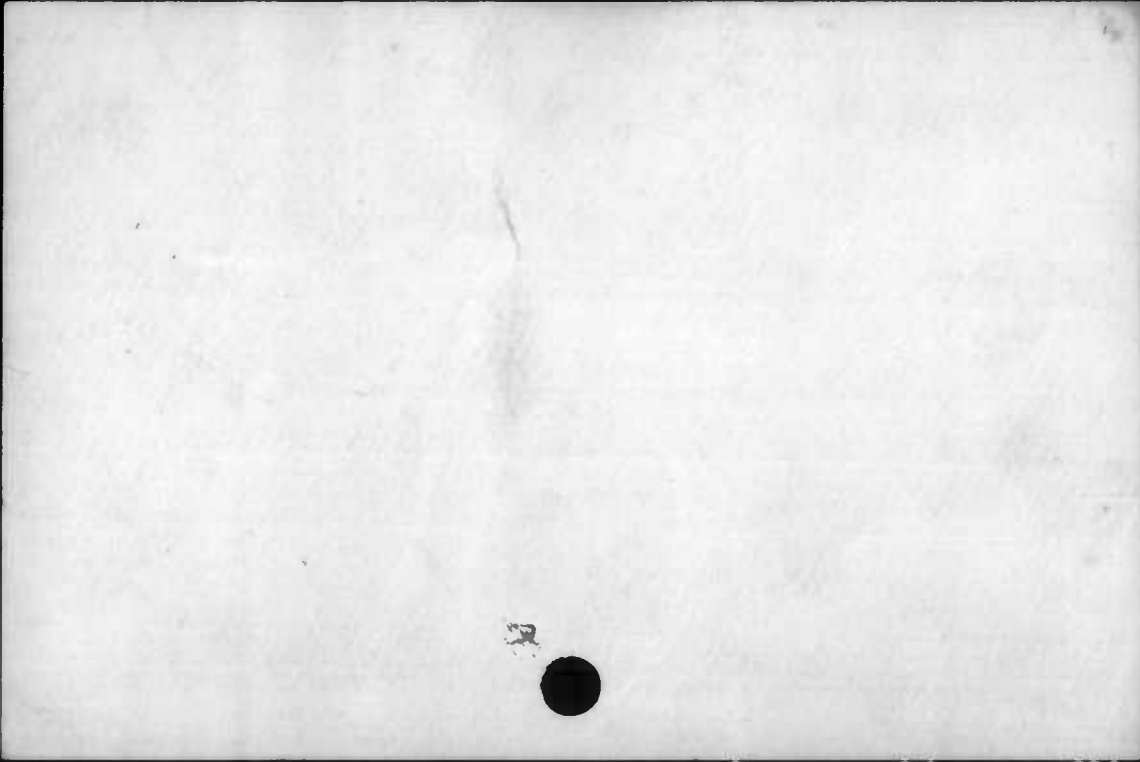
Signature of Physician

*Geo. R. Jones M.D.*

Address

*Salina**Md.*

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Hill Birth.* *Hill*

Town *Kennedysville* County *Kent*

Died at *Mar* *Kennedysville* *Kent* **MARYLAND**

Date of death *1909* *Oct* *13* Age *—* Years *—* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Mar Kennedysville*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *D. B. Hill* Father's Birthplace *Pennsylvania*

Mother's Maiden Name *Ella Connor* Mother's Birthplace *Or*

Name of person giving information *—* How related to deceased *—*

CAUSES OF DEATH

Primary *Still Birth* How long *8* ✓

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *G. J. Brown*

Address *Kennedysville Md.*

Accident or Suicide *—*

PHYSICIAN  
OR CORONER

Kennedyville



Name  
in  
Full

Still Born Infant

Jones  
County  
Kent

CERTIFICATE OF DEATH

Died at <sup>Town</sup> near Still Pond

MARYLAND

Date of death 1909 <sup>Month</sup> Oct <sup>Day</sup> 13 Age <sup>Years</sup> - <sup>Months</sup> - <sup>Days</sup> -

Sex Female Color or Race Black Birth-place Md

Occupation                      Where Residing if not at place of death                     

Married, Single or Widowed                      Name of Wife or Husband                     

Father's Name John Jones

Father's Birthplace Kent Co Md

Mother's Maiden Name Helen Jones

Mother's Birthplace Kent Co Md

Name of person giving Information Jones

How related to deceased Father.

CAUSES OF DEATH

Primary Still Born.

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician

W.S. Mayfield,

Address

Still Pond, Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Still Pouch

Name  
in Full

Drumthry H. Maclean

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at		Town		County			
Chester		Chester		Kent			
Date of death		Month	Day	Age	Years	Months	Days
1909 Oct.		9	13			1	
Sex	Female	Color or Race	White	Birth-place	Chester Md.		
Occupation	None			Where Residing if not at place of death	✓		
Married, Single or Widowed	Single		Name of Wife or Husband	None			
Father's Name	Mr. William Maclean			Father's Birthplace	Kent Co Md.		
Mother's Maiden Name	Bessie J. Rhoades			Mother's Birthplace	Kent Co Md.		
Name of person giving information	Wm H Maclean			How related to deceased	Father		

CAUSES OF DEATH

105

Primary	Dyspnea, Emphysema		How long	2 weeks
Immediate	Emphysema		How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	B. H. Leland M.D.	
✓		Address	Chester Md.	
Accident or Suicide				

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

Josephine Minor

Town

County

MARYLAND

Died at

Green Bunch

Stent

Date

of death

1909 Oct

Month

Day

22

Age

Years

24

Months

1

Days

16

Sex

female

Color or  
Race

Black

Birth-  
place

md

Occupation

servant

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Name

John Minor

Father's  
Birthplace

Virginia

Mother's  
Maiden Name

Mary Bright

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Edgar Marliff

How related  
to deceased

Step-father

CAUSES OF DEATH

Primary

Tuberculosis.

How long

27

five months.

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

W. S. Maywell

Address

Still Pond, Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Fountain Church

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Civil Francis Morton*

Town *Morton* County *Neut* MARYLAND

Died at *Morton*

Date of death 1909 Oct 19 Age 4 Months 6 Days

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *—* Where Residing if not at place of death *Morton Md*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *J. A. Money* Father's Birthplace *Md.*

Mother's Maiden Name *Margaret V. Cooper* Mother's Birthplace *Md.*

Name of person giving Information *J. A. Money* How related to deceased *Father*

PHYSICIAN  
OR CORONER

*Clothing caught fire* CAUSES OF DEATH

Primary *Burned Legs and half of body* How long *167*

Immediate *Shock & heart failure* How long *2 1/2 hours*

Are the name, age, sex, color, date and place correctly given above? *—* Signature of Physician *Dr. J. B. Warner*

Address *Kennedyville Md.*

Accident or Suicide *Accident*

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Chas L Dodd.  
Chester County.

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Name  
in  
Full

Willert Ringold

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

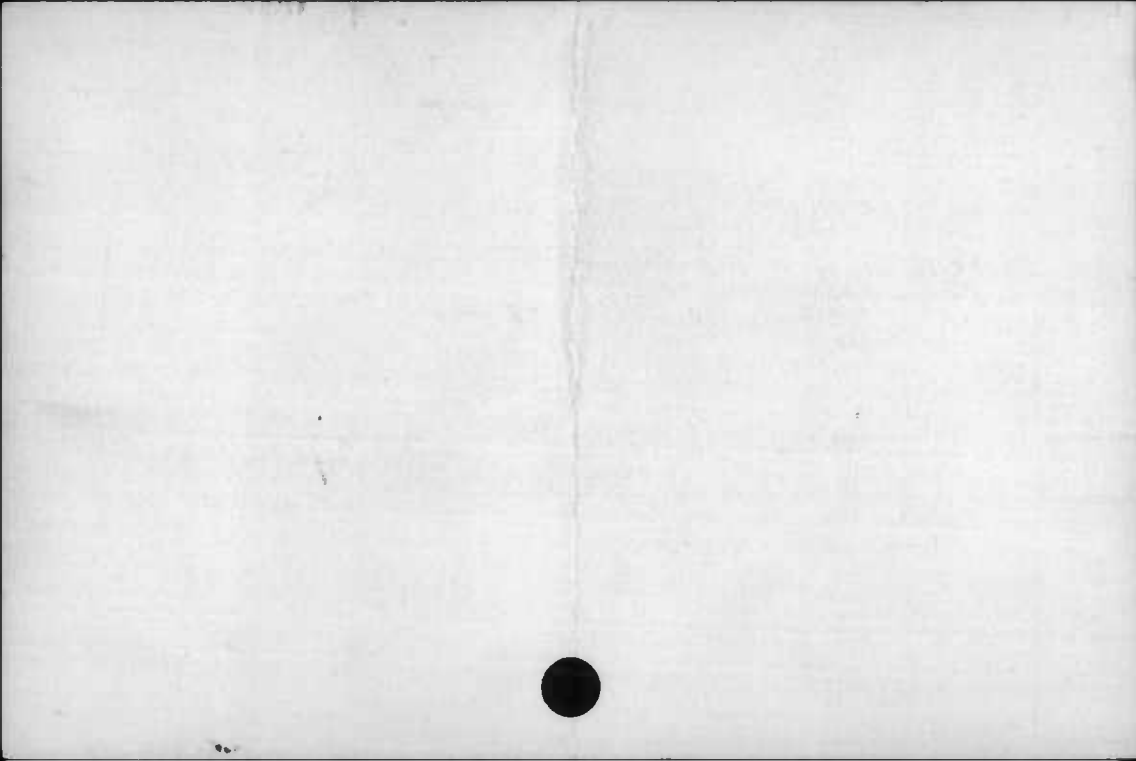
Died at		Town		County		State	
Sassafras		Kent Co.		Maryland		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1909	Oct.	23rd	3				
Sex	Male		Color or Race	Black		Birth-place	Sassafras, Md.
Occupation	Infant			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Raymond Ringold					Father's Birthplace	Sassafras, Md.
Mother's Maiden Name	Lizzie Ringold					Mother's Birthplace	Sassafras, Md.
Name of person giving information	Chas. Ringold					How related to deceased	Uncle.

## CAUSES OF DEATH

167

PHYSICIAN  
OR CORONER

Primary	Entire body excepting feet Burned	How long	3 hrs.
Immediate	Burned.	How long	3 hrs.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Chas. A. Ritchie	
Played with coal oil and fire		Address	
Accident or Suicide?		Middle town, Md.	



Name  
in  
Full

CERTIFICATE OF DEATH

Died at <i>Wheatonsville Kent</i>		County <i>Kent</i>		State <i>MARYLAND</i>	
Date of death	190 <i>9</i>	Month <i>Oct</i>	Day <i>1</i>	Age <i>68</i>	Months <i>11</i> Days <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Rock Hall Md</i>			
Occupation <i>Retired farmer</i>	Where Residing if not at place of death <i>Near Hanesville</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Louisa Robinson</i>				
Father's Name <i>John H. Robinson</i>	Father's Birthplace <i>Kent Co</i>				
Mother's Maiden Name <i>Elizabeth H. Woods</i>	Mother's Birthplace <i>Kent Co</i>				
Name of person giving Information <i>W. J. Beers</i>	How related to deceased <i>Son-in-law</i>				

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

120

Primary <i>Bright's Disease</i>	How long <i>One year</i>
Immediate <i>Bright's Disease</i>	How long <i>worst month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. Benge Simmons</i>
	Address <i>Chestertown Md.</i>
Accident or Suicide <i>No</i>	

PHYSICIAN  
OR CORONER

Charles Todd.  
undertaker

---

Wesley Chapel  
Leicester

---

Name  
in  
Full

Lillian Estelle Scott-

CERTIFICATE OF DEATH

Died at Rock Hall

County Kent-

MARYLAND

Date of death 1909 Oct-

Day 15- Age

Years

Months 15-

Days

Sex Female

Color or Race Black

Birth-place Kent-co. md

Occupation

Not any

Where Residing if not at place of death

at place of death-

Married, Single or Widowed

Single

Name of Wife or Husband

None

Father's Name

Oliver

Scott-

Father's Birthplace

Kent-co. md

Mother's Maiden Name

Mary J. Pierce

Mother's Birthplace

Kent-co. md

Name of person giving Information

Oliver Scott-

How related to deceased

Farther

CAUSES OF DEATH

Primary

Gastro Enteritis

How long

3 months

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W. H. Schwabha M.D.

Address

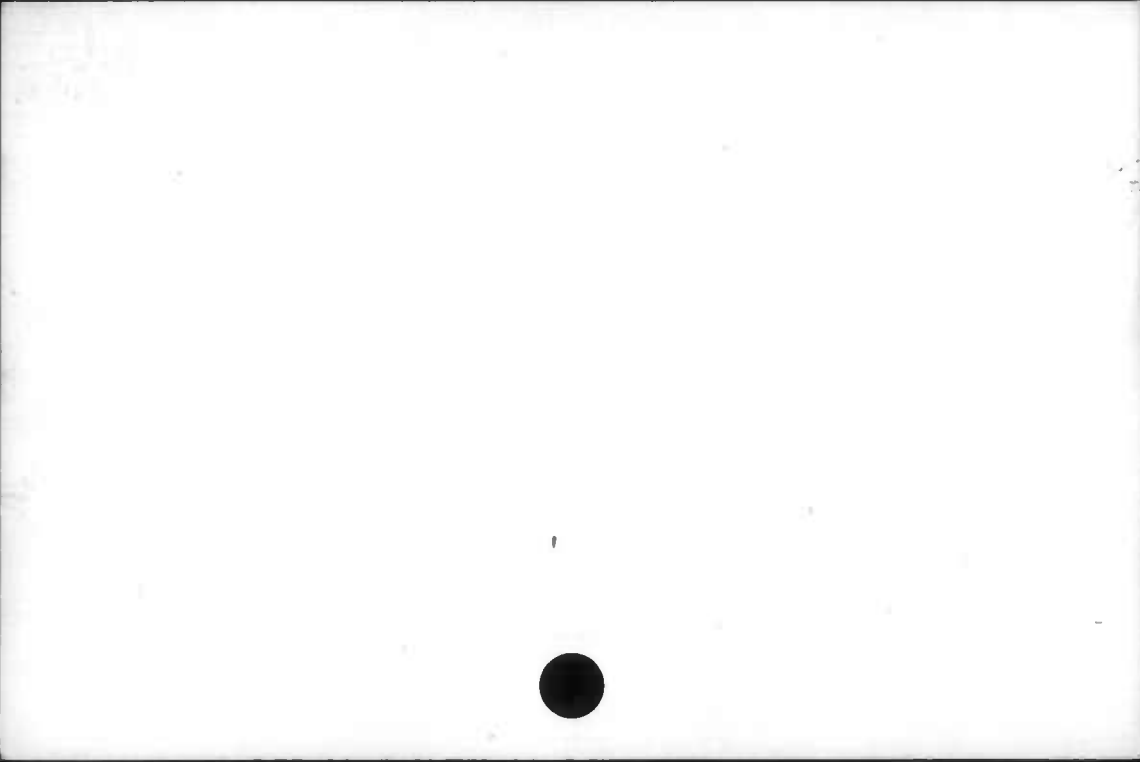
Rock Hall md

Accident or Suicide

no

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name in Full		Samuel Thomas Short				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Rock Hall		County Kent		MARYLAND
	Date of death		Month Oct.	Day 19	Years 4	Months 4	Days 16
	Sex Male		Color or Race White		Birth-place Rock Hall		
	Occupation —		Where Residing if not at place of death at place of death				
	Married, Single or Widowed —		Name of Wife or Husband —				
	Father's Name Samuel A. Short		Father's Birthplace Talbot Md				
PHYSICIAN OR CORONER	Mother's Maiden Name Edna Price		Mother's Birthplace Rock Hall Md				
	Name of person giving information Samuel A. Short		How related to deceased Father				
	CAUSES OF DEATH						177 ✓
	Primary Dropsy		How long 3 months				
Immediate Exhaustion		How long One day					
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician W. L. W. R.		Address Rock Hall Md	
Accident or Suicide?							





Name  
in  
Full

Mr. Isaac W. Simms

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Posnowy.*

Town

County

*Kent.*

Date of death 1909 Oct.

Month

Day

Age

Years

Months

Days

13.

64.

7.

3

Sex *Male.*

Color or Race

*White.*

Birth-place

*Kent Co Md.*

Occupation

*Farmer.*

Where Residing if not at place of death

Married, Single or Widowed

*Married*

Name of Wife or Husband

*Hornette Simms*

Father's Name

*Isaac, Simms*

Father's Birthplace

*Kent Co Md*

Mother's Maiden Name

*Sarah, J. Seranton*

Mother's Birthplace

*Kent co md*

Name of person giving Information

*Hornette Simms*

How related to deceased

*Wife*

CAUSES OF DEATH

Primary

*Bright's*

How long

*6 yrs.*

Immediate

*Exhaustion*

How long

*3 m.*

Are the name, age, sex, color, date and place correctly given above?

*yes*

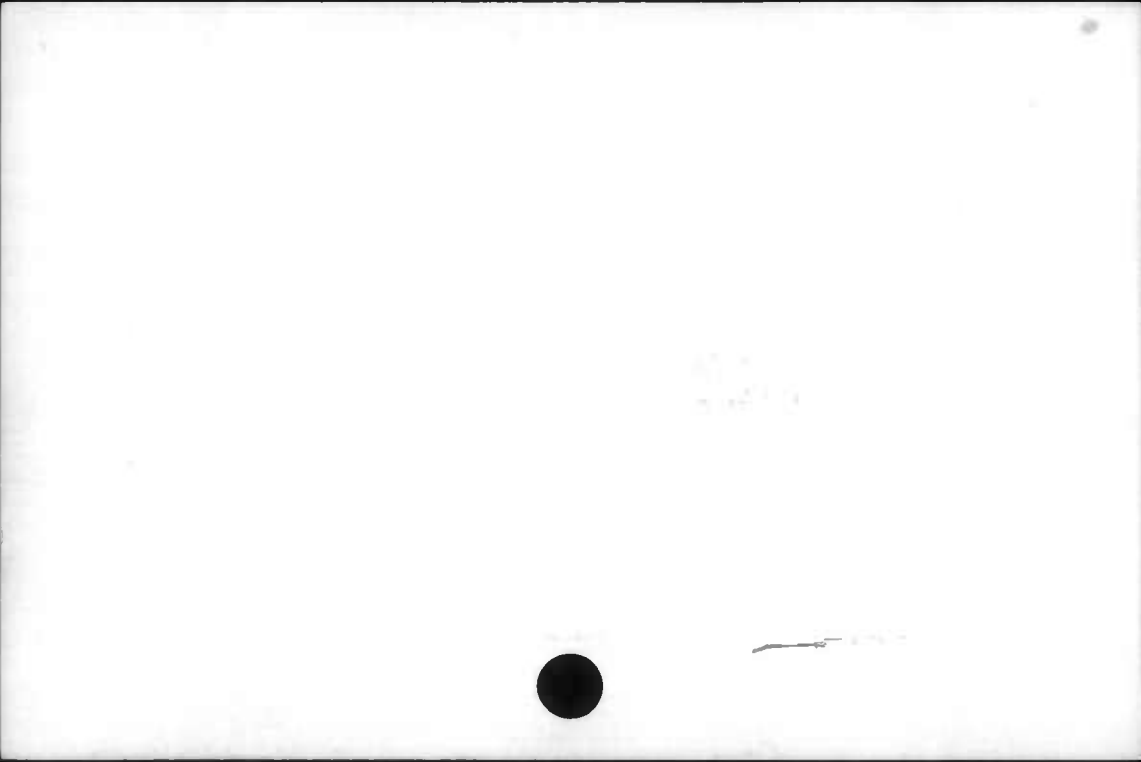
Signature of Physician

Address

*Carroll County Md.  
Kearney*

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Still born

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		1909	Month	Oct	Day	16	Age
Sex		Male		Color or Race		Cauc	
Occupation		—		Where Residing if not at place of death		—	
Married, Single or Widowed		—		Name of Wife or Husband		—	
Father's Name		George Thompson		Father's Birthplace		Md	
Mother's Maiden Name		Luphonia Boyer		Mother's Birthplace		Md	
Name of person giving Information		Isaac Boyer		How related to deceased		Grand father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Still born	How long	Ⓛ
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. G. Thompson, Sec
	No	Address	Local Board of Health Charleston
Accident or Suicide			



Name  
in  
Full

Margaret A Tilghman

CERTIFICATE OF DEATH

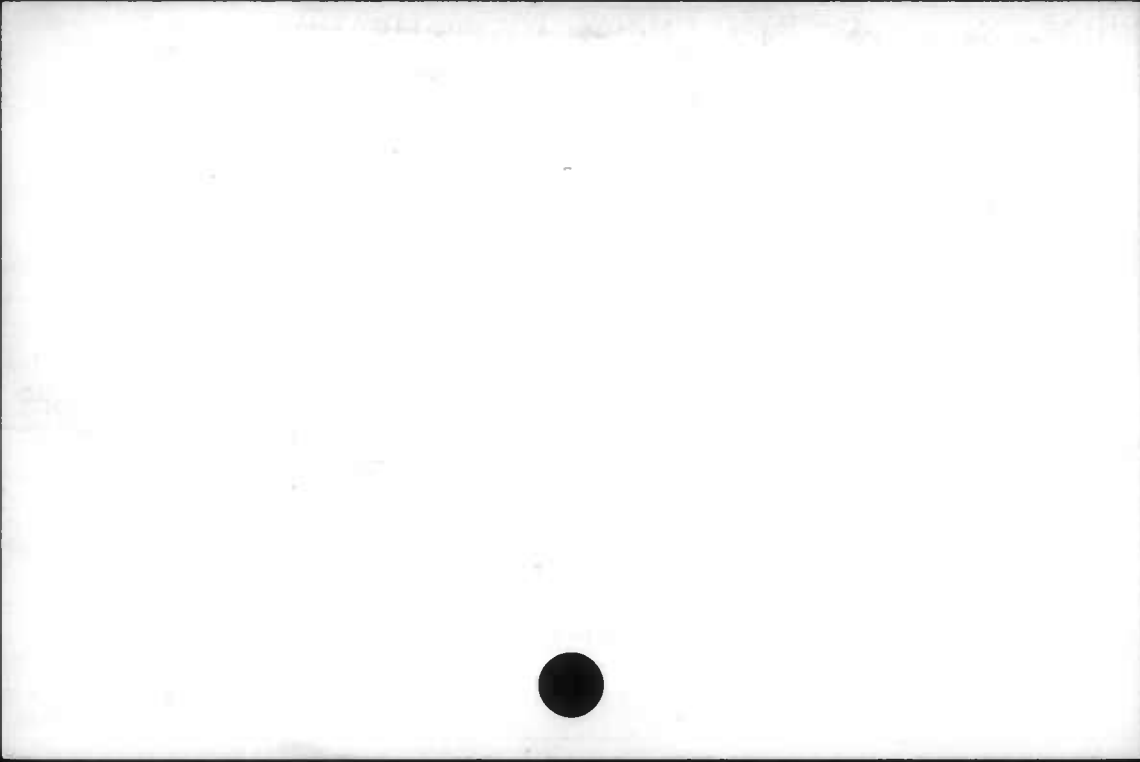
TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cherlton P 2A <sup>Town</sup> 1 Cent <sup>County</sup>  
 Date of death 190 9 <sup>Month</sup> Oct <sup>Day</sup> 9 <sup>Years</sup> 47 <sup>Months</sup> 0 <sup>Days</sup>  
 Sex Female Color or Race Col Birth-place MD  
 Occupation Housewife Where Residing if not at place of death —  
 Married, Single or Widowed Married Name of Wife or Husband Wm N Tilghman  
 Father's Name Geo W. Graves Father's Birthplace MD  
 Mother's Maiden Name Betsy Giffen Mother's Birthplace MD  
 Name of person giving Information Husband How related to deceased (4)

CAUSES OF DEATH

Primary Bleeding from Typhemia How long about 10 days  
 Immediate Coma How long 1 day  
 Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician H. J. Simpson  
 Address Cherlton  
 Accident or Suicide No

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

Henry Tonkin  
Town Millington County Kent

MARYLAND

Died at  
Date of death 1909 Oct 15th Age 69  
Month Day Years Months Days

Sex Male Color or Race White Birth-place England

Occupation Tracker, Retired Where Residing if not place of death At home

Married, Single or Widowed Married Name of Wife or Husband Katharine Tonkin

Father's Name Henry Tonkin Father's Birthplace England

Mother's Maiden Name Jane Thomas Mother's Birthplace England

Name of person giving Information Henry W Tonkin How related to deceased Son

CAUSES OF DEATH

Primary Eucarditis How long 64 3 years

Immediate Apoplexy, Coma How long 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

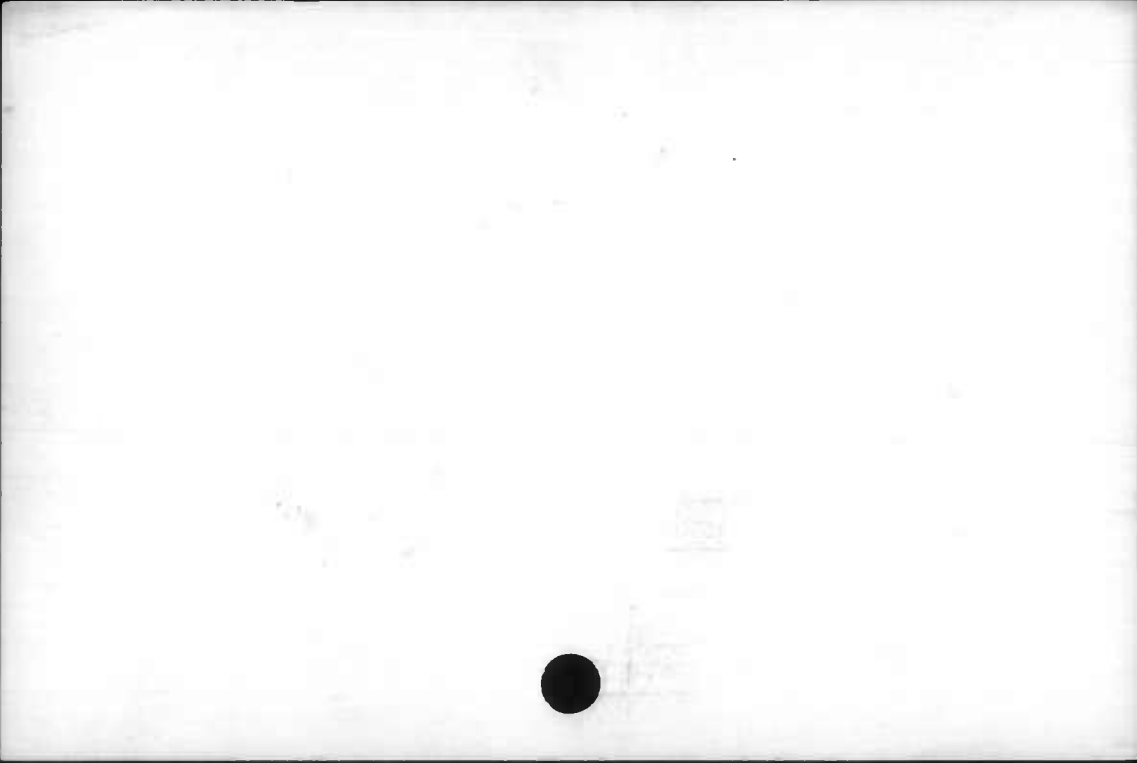
Signature of Physician B P Gorman MD

Address Millington Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

Thomas Wilmer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Coleman <sup>Town</sup> Stent <sup>County</sup> **MARYLAND**  
 Date of death 190 9 <sup>Month</sup> Oct <sup>Day</sup> 30 <sup>Years</sup> 70 <sup>Months</sup> - <sup>Days</sup> -  
 Sex male <sup>Color or Race</sup> black <sup>Birth-place</sup> md  
 Occupation laborer <sup>Where Residing if not at place of death</sup> -  
 Married, Single or Widowed married <sup>Name of Wife or Husband</sup> Susan Wilmer  
 Father's Name Thomas Wilmer <sup>Father's Birthplace</sup> Stent Co md  
 Mother's Maiden Name Unknown <sup>Mother's Birthplace</sup> Unknown  
 Name of person giving Information Samuel Wilmer <sup>How related to deceased</sup> Son

## CAUSES OF DEATH

Primary Bright's disease. <sup>How long</sup> 18 months.  
 Immediate - <sup>How long</sup> -

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician

W.S. Maxwell.

Address

Still Pond. Md.

Accident or Suicide

PHYSICIAN  
OR CORONER

Coleman

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John H Wilson* Town *Coleman* County *Kent* MARYLAND

Died at *Coleman*

Date of death 1909 *Oct* Month *12* Day *64* Age *7* Months *14* Days

Sex *Male* Color or Race *Black* Birth-place *md*

Occupation *Laborer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Susan White*

Father's Name *Robert Wilson* Father's Birthplace *Kent Co Md*

Mother's Maiden Name *Milliron Roberts* Mother's Birthplace *Kent Co Md*

Name of person giving Information *John R. Wilson* How related to deceased *Son.*

## CAUSES OF DEATH

Primary *Diabetes mellitus*

Immediate *Heart Failure*

How long

How long

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

Accident or Suicide

*L. P. Atwell M.D.*

*Still Pond,*

*md.*

PHYSICIAN  
OR CORONER

Coleman